

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

State of Wisconsin, Petitioner
-VS-

**Order for
Supervised Release**

_____, Respondent
Name

Date of Birth

Case No. _____

THE COURT ORDERS:

1. The respondent is granted supervised release and is committed to the Department of Health Services for supervision subject to the:
 - Attached conditions established by the court; and
 - Rules of supervision established by the Department of Health Services.
 - Approved Supervised Release Plan developed by the Department of Health Services.
 - ☐ Supervised Release Plan attached.
2. The sheriff shall transport the respondent to the secure facility designated by the Department of Health Services.
3. The Department of Health Services shall arrange for the respondent's release on or before (date) _____.

Distribution:

1. Court (Original)
2. Attorney for county or state (whichever applicable)
3. Defense Attorney
4. Department of Health Services (Institution)
5. Department of Corrections
6. §51.42 Board (of county of respondent's residence)
7. Sheriff (of county where respondent will reside)
8. Municipal police dept. (where respondent will reside)

BY THE COURT:

Circuit Court Judge/Clerk of Court

Name Printed or Typed

Date